

<i>SERFF Tracking Number:</i>	<i>PPLS-125306021</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pre-Paid Legal Casualty, Inc.</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026318</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>33.0 Other Lines of Business</i>	<i>Sub-TOI:</i>	<i>33.0001 Other Personal Lines</i>
<i>Product Name:</i>	<i>Home Based Business Rider</i>		
<i>Project Name/Number:</i>	<i>HBBRIDER.C1/</i>		

## Filing at a Glance

Company: Pre-Paid Legal Casualty, Inc.

Product Name: Home Based Business Rider

TOI: 33.0 Other Lines of Business

Sub-TOI: 33.0001 Other Personal Lines

Filing Type: Form

SERFF Tr Num: PPLS-125306021

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: Joy Crabtree

Date Submitted: 10/03/2007

State: Arkansas

State Tr Num: AR-PC-07-026318

State Status: PENDING FEES

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding

Disposition Date: 10/05/2007

Disposition Status: Approved

Effective Date (New): 10/05/2007

Effective Date (Renewal):

10/05/2007

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

## General Information

Project Name: HBBRIDER.C1

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 10/05/2007

State Status Changed: 10/05/2007

Corresponding Filing Tracking Number:

Filing Description:

Pre-Paid Legal Casualty, Inc. wishes to begin marketing HBBRSchC.C(9/07) as soon as possible. This contract contains revisions to the HBBRider.C(3/99) contract approved by your department effective August 5, 1999.

There is no rate change involved with this contract.

Primary Changes are as follows:

- Addition of a provision for Schedule C, see paragraph "E"
- Removed "hourly" from the statement "standard hourly rate" throughout the contract.

SERFF Tracking Number:	PPLS-125306021	State:	Arkansas
Filing Company:	Pre-Paid Legal Casualty, Inc.	State Tracking Number:	AR-PC-07-026318
Company Tracking Number:			
TOI:	33.0 Other Lines of Business	Sub-TOI:	33.0001 Other Personal Lines
Product Name:	Home Based Business Rider		
Project Name/Number:	HBBRIDER.C1/		

A red-line version showing additions and deletions to text has been included for your convenience.

## Company and Contact

### Filing Contact Information

Bill Conger, Regulatory Consultant  
One Pre-Paid Way  
Ada, OK 74820

williamconger@pplsi.com  
(580) 436-1234 [Phone]  
(580) 436-7409[FAX]

### Filing Company Information

Pre-Paid Legal Casualty, Inc.  
One Pre-Paid Way  
Ada, OK 74820  
(580) 436-1234 ext. 7684[Phone]

CoCode: 37869  
Group Code:  
Group Name:  
FEIN Number: 73-1064172  
-----

State of Domicile: Oklahoma  
Company Type: Casualty  
State ID Number:

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 form at \$50.00
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
00235981	\$50.00	10/01/2007

<i>SERFF Tracking Number:</i>	<i>PPLS-125306021</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pre-Paid Legal Casualty, Inc.</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026318</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>33.0 Other Lines of Business</i>	<i>Sub-TOI:</i>	<i>33.0001 Other Personal Lines</i>
<i>Product Name:</i>	<i>Home Based Business Rider</i>		
<i>Project Name/Number:</i>	<i>HBBRIDER.C1/</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	10/05/2007	10/05/2007

*SERFF Tracking Number:*      *PPLS-125306021*

*State:*      *Arkansas*

*Filing Company:*      *Pre-Paid Legal Casualty, Inc.*

*State Tracking Number:*      *AR-PC-07-026318*

*Company Tracking Number:*

*TOI:*      *33.0 Other Lines of Business*

*Sub-TOI:*      *33.0001 Other Personal Lines*

*Product Name:*      *Home Based Business Rider*

*Project Name/Number:*      *HBBRIDER.C1/*

## **Disposition**

Disposition Date: 10/05/2007

Effective Date (New): 10/05/2007

Effective Date (Renewal): 10/05/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PPLS-125306021</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pre-Paid Legal Casualty, Inc.</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026318</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>33.0 Other Lines of Business</i>	<i>Sub-TOI:</i>	<i>33.0001 Other Personal Lines</i>
<i>Product Name:</i>	<i>Home Based Business Rider</i>		
<i>Project Name/Number:</i>	<i>HBBRIDER.C1/</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Red-Line	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Home Based Business Rider	Approved	Yes

SERFF Tracking Number:	PPLS-125306021	State:	Arkansas
Filing Company:	Pre-Paid Legal Casualty, Inc.	State Tracking Number:	AR-PC-07-026318
Company Tracking Number:			
TOI:	33.0 Other Lines of Business	Sub-TOI:	33.0001 Other Personal Lines
Product Name:	Home Based Business Rider		
Project Name/Number:	HBBRIDER.C1/		

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Home Based Business Rider	HBBRSch C.C	09/07	Policy/Coverage New Form		0.00	HBBRIDER.C1.pdf

a legal service contract addendum for

**SAMPLE**

**Membership #**

### **HOME BASED BUSINESS ADDENDUM**

In addition to the benefits available in your membership contract, ,  
the Covered Business Entity may receive the following legal services for their home based business:

- A. The Covered Business Entity is entitled to up to a maximum of three (3) letters written to third parties each month on behalf of the Covered Business Entity with no more than one (1) letter per subject matter. Any additional letters from the Provider Attorney after the first three (3) per month will be provided at a discount of twenty-five percent (25%) from the Provider Attorney's standard rate.
- B. The Covered Business Entity may have reviewed by the Provider Attorney, at no additional charge, up to three (3) contracts or documents of up to fifteen (15) pages each per month on behalf of the Covered Business Entity.
- C. The Covered Business Entity is entitled to up to a maximum of three (3) initial debt collection letters written per month on behalf of the Covered Business Entity. Any additional collection letters from the Provider Attorney after the first three (3) per month will be provided at a discount of twenty-five percent (25%) from the Provider Attorney's standard rate.
- D. The Covered Business Entity will receive a twenty-five percent (25%) discount from the Provider Attorney's standard rate when the Covered Business Entity is named defendant in a civil action filed in a state or federal district court.
- E. Under this addendum the Covered Person's home based business may receive the IRS Audit Legal Services described under Title IV for items included on a Schedule C attached to the member's personal tax return. Schedule C will not be excluded under this Home Based Business Addendum.
- F. The Covered Business Entity will receive all other legal work at a twenty-five percent (25%) discount from the Provider Attorney's standard rate for representation.

### **GENERAL PROVISIONS**

- A. Covered Business Entity is defined as a non-public, for profit home based business of the Named Member or Named Member's Spouse where the primary place of business is the residence of the Named member or Named member's Spouse and which employs no more than three (3) employees.
- B. All General Provisions of the member contract shall apply to this Addendum.

*SERFF Tracking Number:*      *PPLS-125306021*

*State:*      *Arkansas*

*Filing Company:*      *Pre-Paid Legal Casualty, Inc.*

*State Tracking Number:*      *AR-PC-07-026318*

*Company Tracking Number:*

*TOI:*      *33.0 Other Lines of Business*

*Sub-TOI:*      *33.0001 Other Personal Lines*

*Product Name:*      *Home Based Business Rider*

*Project Name/Number:*      *HBBRIDER.C1/*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: PPLS-125306021

State: Arkansas

Filing Company: Pre-Paid Legal Casualty, Inc.

State Tracking Number: AR-PC-07-026318

Company Tracking Number:

TOI: 33.0 Other Lines of Business

Sub-TOI: 33.0001 Other Personal Lines

Product Name: Home Based Business Rider

Project Name/Number: HBBRIDER.C1/

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**

Approved 10/05/2007

**Comments:**

NAIC transmittal form

**Attachments:**

AR.TransmittalForm9.2007.pdf

Arkansas Insurance Department\$50.pdf

**Satisfied -Name:** Red-Line

**Review Status:**

Approved 10/05/2007

**Comments:**

I have included the red line copy of this contract.

**Attachment:**

HBBRSchC.C9.2007 REDLINE.pdf

**Satisfied -Name:** Cover Letter

**Review Status:**

Approved 10/05/2007

**Comments:**

Cover Letter for the Contract

**Attachment:**

AR HBBR9.2007.pdf

## Property &amp; Casualty Transmittal Document

Reset Form

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
a. Date the filing is received:																					
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Renewal Business																					
f. State Filing #:																					
g. SERFF Filing #:																					
h. Subject Codes																					

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
PRE-PAID LEGAL CASUALTY, INC.	OK	37869	73-1064172	


<b>5. Company Tracking Number</b>	AR-HBBSCHC.C
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
BILL CONGER	REGULATORY CONSULTANT	(480) 436-1234	(580) 436-7409	regulatory@pplsi.com

7. Signature of authorized filer	
8. Please print name of authorized filer	BILL CONGER

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	33.0 Other Lines of Business
10. Sub-Type of Insurance (Sub-TOI)	33.0001 Other Personal Lines
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: UPON APPROVAL   Renewal: UPON APPROVAL
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR-HBBSCHC.C
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Pre-Paid Legal Casualty, Inc. wishes to begin marketing the HBBSchC.C(09/07) contract as soon as possible. This contract contains revisions to the HBBRider.C(3/99) approved by your department effective August 5, 1999.

There is no rate change involved with this contract.

Primary Changes are as follows:

- Addition of a provision for Schedule C, see paragraph "E"
- Removed "hourly" from the statement "standard hourly rate" throughout the contract.

A red-line version showing additions and deletions to text has been included for your convenience.

[View Complete Filing Description](#)

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	---

**Check #:** 00235981

**Amount:** \$50.00

\$50 for one form.

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		AR-HBBSCHC.C		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	HOME BASED BUSINESS RIDER WITH SCHEDULE C NO RATE CHANGE	HBBSRIDER.C1 version (09/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

**Pre-Paid Legal Services, Inc &**

Subsidiaries

Exec Offices One Pre-Paid Way PO BOX 145  
Ada, OK 74820 (580)436-1234

Stub 1 of 1

Check Date: 10/01/07

NO. 00235981

INVOICE NO.	DATE	DESCRIPTION	VOUCHER NO.	GROSS AMOUNT	DEDUCTIONS	AMOUNT PAID
7061100107	10/01/07	AR FORM FILING FEE-SERFF	327543	50.00		50.00
				-----	-----	-----
				50.00		50.00
<b>Pre-Paid Legal Casualty</b>						

7061 Arkansas Insurance Dept

THIS CHECK IS VOID WITHOUT A GREEN &amp; BLUE BORDER AND BACKGROUND PLUS A KNIGHT &amp; FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

**Pre-Paid Legal Services, Inc &**

Subsidiaries

Exec Offices One Pre-Paid Way PO BOX 145  
Ada, OK 74820 (580)436-1234

U.S. DOLLARS

Security Bank and Trust Company  
Miami, OK

NO. 00235981

DATE: 10/01/07      AMOUNT: \$\*\*\*\*\*50.00

PAY FIFTY AND 00/100 \*\*\*\*\*

(VOID IF NOT CASHED IN 60 DAYS)

TO  
THE  
ORDER  
OFArkansas Insurance Dept  
1200 West Third Street  
Little Rock AR 72201-1904

*Randy Hays*  
AUTHORIZED SIGNATURE

SIGNATURE AREA CONTAINS A KNIGHT &amp; FINGERPRINT CHECK WORDING

⑈00235981⑈ ⑆103110907⑆ 209039593⑈

NUMBERS UNDER SIGNATURE INDICATES CHECK IS FRAUDULENT. PATI

a legal service contract addendum for

*Red-Line for comparison*

Membership #

### HOME BASED BUSINESS ADDENDUM

In addition to the benefits available in your membership contract, ,  
the Covered Business Entity may receive the following legal services for their home based  
business:

A. The Covered Business Entity is entitled to up to a maximum of three (3) letters written  
to third parties each month on behalf of the Covered Business Entity with no more than one (1)  
letter per subject matter. Any additional letters from the Provider Attorney after the  
first three (3) per month will be provided at a discount of twenty-five percent (25%) from the  
Provider Attorney's standard rate.

*deleted "hourly"*

B. The Covered Business Entity may have reviewed by the Provider Attorney, at no additional  
charge, up to three (3) contracts or documents of up to fifteen (15) pages each per month on  
behalf of the Covered Business Entity.

C. The Covered Business Entity is entitled to up to a maximum of three (3) initial debt  
collection letters written per month on behalf of the Covered Business Entity. Any additional  
collection letters from the Provider Attorney after the first three (3) per month will be  
provided at a discount of twenty-five percent (25%) from the Provider Attorney's standard rate.

*deleted hourly*

D. The Covered Business Entity will receive a twenty-five percent (25%) discount from the  
Provider Attorney's standard rate when the Covered Business Entity is named defendant in a  
civil action filed in a state or federal district court.

*deleted "hourly"*

E. Under this addendum the Covered Person's home based business may receive the IRS Audit  
Legal Services described under Title IV for items included on a Schedule C attached to the  
member's personal tax return. Schedule C will not be excluded under this Home Based Business  
Addendum.

F. The Covered Business Entity will receive all other legal work at a twenty-five percent  
(25%) discount from the Provider Attorney's standard rate for representation.

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### GENERAL PROVISIONS

A. Covered Business Entity is defined as a non-public, for profit home based business of the  
Named Member or Named Member's Spouse where the primary place of business is the residence of  
the Named member or Named member's Spouse and which employs no more than three (3) employees.

B. All General Provisions of the member contract shall apply to this Addendum.



# PRE-PAID LEGAL SERVICES<sup>®</sup>, INC.

*Serving North American families since 1972*

Corporate Offices: One Pre-Paid Way • Ada, Oklahoma 74820 • 580/436-1234 • [www.prepaidlegal.com](http://www.prepaidlegal.com)

Via serff

October 4, 2007

Arkansas Insurance Department  
Property and Casualty Division  
1200 West 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

RE: Pre-Paid Legal Casualty, Inc  
FEIN: 73-1064172 NAIC: 37869  
Form Filing: HBBRSchC.C(09/07)

Dear Mr. Holland:

Pre-Paid Legal Casualty, Inc. wishes to begin marketing the HBBRSchC.C(09/07) contract as soon as possible. This contract contains revisions to the HBBRider.C(3/99) approved by your department effective August 5, 1999. There is no rate change involved with this contract.

Primary Changes are as follows:

- Addition of a provision for Schedule C, see paragraph "E"
- Removed "hourly" from the statement "standard hourly rate" throughout the contract.

A red-line version showing additions and deletions to text has been included for your convenience.

Your assistance with this filing is appreciated. Please let me know if you have any questions.

Sincerely

*Bill Conger*

Bill Conger  
Regulatory Consultant  
Direct (580)421-6380  
Fax (580) 436-7409  
E-mail: [williamconger@pplsi.com](mailto:williamconger@pplsi.com)

## *Subsidiaries*

Pre-Paid Legal Casualty<sup>™</sup>, Inc. • Pre-Paid Legal Services of Tennessee, Inc. • Pre-Paid Legal Services, Inc., of Florida • National Pre-Paid Legal Services of Mississippi, Inc.  
Legal Service Plans of Virginia, Inc. • PPL Legal Care of Canada Corporation • Ohio Access to Justice, Inc., administered by Pre-Paid Legal Services<sup>®</sup>, Inc.